

THIS SPACE FOR OFFICE USE ONLY

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE ETHICS COMMISS.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE ,
Hayashida	, Franklin I	 ,	671-4344
MAILING ADDRESS (Street)			FAX
94-497 U	kee St.		671-6901
(City)	(State)	(Zip	Code)
Waipahu	HI 9679	7	
	Fill in only if you are employed by a busines:	s entity which has been retained to lobby)	TELEPHONE
Hawaii Ironworkers	Stabilization F	und	671-4344
MAILING ADDRESS (Street)			FAX
Same as a	bore		
(City)	(State)	(Zip (Code)

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Ironworkers Stabilization Fund	671-4344
MAILING ADDRESS (Street)	FAX
94-497 UKee St Waypahu 4196797 (City) (State) (State)	
(City) (State)	Code)
Waysaher 41 96797	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Arnold Wong	671-4344
MAILING ADDRESS (Street)	FAX
same as above	671-6901
	Code)

PART III DESCRIPTION O	OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY	
Agriculture	lpha Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	> Government Operations & Finance	Intergovernmental Relations, International Affairs	X Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	XLabor & Employment	$oldsymbol{\chi}'$ Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	> Housing	Public Safety & Corrections	
PART IV CERTIFICATION			
		to the best of my knowledge, co	
Freli / Haya	shick	1/18/07	7
	(Signature of Lobbyist)	(Da	ite)
PART V AUTHORIZATIO	N TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER O	OR PERSON REPRESENTED
Franklin Hayas	hida A	ssistant Directo	/
NAME OF ORGANIZATION (if app	licable)	TELE	PHONE
Hawaii Ironwode	Fund 67	1-4344	
MAILING ADDRESS (Street)		FAX	
94-497 Ukee St			1-6901
(City) (State)		(Zip Code)	
Waipahn	#1 96797		
		e in lobbying activities on behalt	f of the undersigned.
I hereby authorize the a	bove - named person to engag	1/18/0	of the undersigned.